

Indiana State Department of Health Children and Hoosiers Immunization Registry Program - Quick Reference Guide

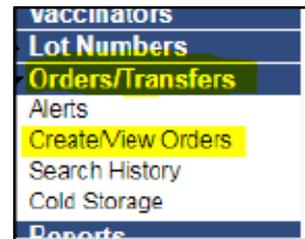
Placing a VFC Order in CHIRP

Before Placing an Order

- ✓ **Reconcile inventory** at the Lot Numbers>Reconciliation page no more than 14 days before placing an order
- ✓ Must click the **Submit Monthly Inventory** button
- ✓ Any adjustments to inventory due to **expired doses** and **wastage** (drawn up not used, spoiled, lost and unaccounted for, etc.) must be reported on the **ICPR 54052 Form** and **emailed to vaccine@isdh.IN.gov**

Placing an Order

1. Login to **CHIRP**
2. Click **Orders/Transfers** module on the left-hand side in CHIRP
 - If you do not have this access, please **contact your VFC Field Representative**
3. Click **Create Order** button



Current Order/Transfer List								
Inbound Orders								
Select	Order Number	PIN	Submit Date	Approval Date	Status			
-->	14489	F45M03	03/03/2017	03/07/2017	Approved			
Backordered Orders								
Select	Order Number	PIN	Submit Date	Backorder Date				
Denied Orders								
Select	Order Number	PIN	Submit Date	Denial Date				
Inbound Transfers								
Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility		Status		
Outbound Transfers								
Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility		Status		
Rejected Transfers								
Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility		Reject Date	Rejected By	Status

[Create Order](#)



Remember: Providers are permitted to place 1 VFC order and 1 Flu order each calendar month

4. Check the **facility information**
 - Pay special attention to any notification or announcement in **red**



- Make sure the following information is correct and up to date
 - ✓ Contact name
 - ✓ Facility address and phone number
 - ✓ Hours for delivery
 - **Confirm the following:**
 - Will someone be available to receive orders during lunch hour
 - Set end time at least **1 hour before closing**

Attention: Before placing an Order, please check your contact name and shipping address, make sure to include your available delivery days/times, including any breaks/lunch times. All time must be in military time. If the contact information or shipping address is not correct please contact VOMS helpdesk 855-791-0393 to update the information before you place the order.

Create Order	
Organization (IRMS):	First Name:
Facility: NSHC M...	Middle Name:
Phone Number:	Last Name:
Phone Extension:	Address:
Email:	City:
	State:
	Zip:
Monday: <input checked="" type="checkbox"/> 07:30 ▾ 11:00 ▾ 12:30 ▾ 15:00 ▾	Tuesday: <input checked="" type="checkbox"/> 07:30 ▾ 11:00 ▾ 12:30 ▾ 15:00 ▾
Wednesday: <input checked="" type="checkbox"/> 07:30 ▾ 11:00 ▾ 12:30 ▾ 15:00 ▾	Thursday: <input checked="" type="checkbox"/> 07:30 ▾ 11:00 ▾ 12:30 ▾ 15:00 ▾
Friday: <input checked="" type="checkbox"/> 07:30 ▾ 11:00 ▾ 12:30 ▾ 15:00 ▾	
PIN: F45M03	Instructions: <input type="text"/>
Order Date: 03/20/2018	Order Status: In Progress
Submitter: KATHARINA LEWMAN (KLEWMAN)	
Comments: <input type="text"/>	
Inventory Last Submitted:	
Last Order Submitted: 03/03/2017 03:26:17 PM	
Accountability:	Last Date Submitted:
Inventory Submission Report (Reconciliation)	Past Due?
Cold Storage Temperature Submission	Yes
	Yes
<input type="button" value="Inventory Transaction Report"/>	<input type="button" value="Lot Number Summary"/>
<input type="button" value="Edit Temperature"/>	
Order Frequency:	Order Timing:
Order Schedule:	

5. Enter the **number of doses needed** (see image below)

- Only order doses to keep fully stocked for **1 month**, do **NOT** over-order
- Use the **Dose Used Last Month** and **Physical Inventory** columns to guide your ordering
- Order the number of doses needed, **NOT** the number of boxes desired
- The Order Quantity column needs to have a number for the cell, even if the number entered is **zero (0)**

Key - Vaccine Name
1. Brand of Vaccine
2. NDC # for the box
3. SDV – Single dose vial
4. SYR – Prefilled syringe
5. MDV10 – Multi-dose vial (10 doses)
6. 5-pack, 10-pack – Doses per vaccine package



Order Details								
Vaccine	Vaccine Name	Funding Source	Dose Used Last Month	Physical Inventory	Order Quantity	Urgent	Priority Reason	Comments
DTaP, 5 pertussis antigens	DAPTACEL; 49281-0286-10; SDV; 10-pack	PUB	0	0	10	<input type="checkbox"/>	--select--	
DTaP	INFANRIX; 58160-0810-11; SDV; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
DTaP	INFANRIX; 58160-0810-52; SYR; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
DTaP-Hep B-IPV	PEDIARIX; 58160-0811-52; SYR; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
DTaP-Hib-IPV	PENTACEL; 49281-0510-05; SDV; 5-pack	PUB	0	0	5	<input type="checkbox"/>	--select--	
DTaP-IPV	KINRIX; 58160-0812-11; SDV; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
DTaP-IPV	KINRIX; 58160-0812-52; SYR; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
Hep A, ped adol, 2 dose	HAVRIX; 58160-0825-11; SDV; 10-pack	PUB	0	0	10	<input type="checkbox"/>	--select--	
Hep A, ped adol, 2 dose	HAVRIX; 58160-0825-52; SYR; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
Hep A, ped adol, 2 dose	VAQTA; 00006-4831-41; SDV; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
Hep A, ped adol, 2 dose	VAQTA; 00006-4095-02; SYR; 10-pack	PUB	0	0				
Hep B, adolescent or pediatric	ENGERIX B; 58160-0820-11; SDV; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
Hep B, adolescent or pediatric	ENGERIX B; 58160-0820-52; SYR; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
Hep B, adolescent or pediatric	RECOMBIVAX HB; 00006-4981-00; SDV; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
Hep B, adolescent or pediatric	RECOMBIVAX HB; 00006-4093-02; SYR; 10-pack	PUB	0	0				
Hib (PRP-OMP)	PEDVAXHIB; 00006-4897-00; SDV; 10-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	
Hib (PRP-T)	ACTHIB; 49281-0545-05; SDV; 5-pack	PUB	0	0				
Hib (PRP-T)	ACTHIB; 49281-0545-03; SDV; 5-pack	PUB	0	0	0	<input type="checkbox"/>	--select--	



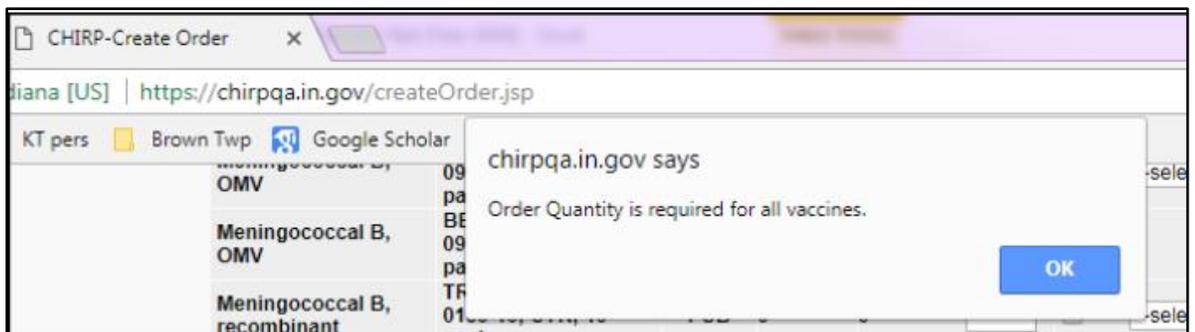
If the product is **NOT** available, there will **NOT** be an **Order Quantity** cell (Ex: see VAQTA SYR)

6. Click **Submit Order** when ready to send order to ISDH

Tdap	0842-52; SYR; 10-pack	PUB	0	0		<input type="checkbox"/>	--select--	
varicella	VARIVAX; 00006-4827-00; SDV; 10-pack	PUB	0	0				

7. If there is any issue with processing your order, CHIRP will give you a pop-up **error message**

- Make sure pop-ups are allowed in your internet browser setting
- Example error message below: not all **Order Quantity** cells were filled



8. Submitted orders will appear in the **Current Order/Transfer List**

- Orders are typically processed within **5 business days**
- If the placed order is in **Manual Review** for more than a week, contact the **VOMS Toll Free Hotline** at 855-791-0393

Order 35125 Successfully Created and In Manual Review

Current Order/Transfer List								
Inbound Orders								
Select	Order Number	PIN	Submit Date	Approval Date	Status			
-->	14489	F45M03	03/03/2017	03/07/2017	Approved			
-->	35125	F45M03	03/20/2018		In Manual Review			
Backordered Orders								
Select	Order Number	PIN	Submit Date	Backorder Date				
Denied Orders								
Select	Order Number	PIN	Submit Date	Denial Date				
Inbound Transfers								
Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility		Status		
Outbound Transfers								
Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility		Status		
Rejected Transfers								
Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility		Reject Date	Rejected By	Status

 **Questions?** Please Contact the CHIRP Help Desk at 1-888-227-4429 or email chirp@isdh.in.gov